

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

27630

1. PLACE OF DEATH

County St. Louis Registration District No. 1160
Township Central Primary Registration District No. 4470
City St. Louis (No. 7028 Raymond Ave. St. Ward)

2. FULL NAME

(a) Residence, No. 7028 Raymond St. Ward
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF George Duffey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
59 1 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

13. NAME Henry Marshall

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

15. MAIDEN NAME Angelina Marshall

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT George Duffey
(ADDRESS) 7028 Raymond Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellfontaine DATE Sept 2, 1933

19. UNDERTAKER Shenck & Co.
(ADDRESS) 3712 N. Grand Blvd.

20. FILED Sept. 1, 1933 Russ V. Duffey
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h. alive on , 19 Death is said

to have occurred on the date stated above, at 10⁴⁵ P. M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Bronchial Pneumonia
12¹⁵ P
10⁴⁵ P

Other contributory causes of importance

Severe Liver

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. Allen, M. D.

(Address) 710 Century Bldg

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933

Don. C. det. num. 1-3 P.M.
313 M. 9464.

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